

PROPOSAL FOR THE FORMATION OF A PSYCHIATRIC
DEPARTMENT

The following plan is suggested to comply with a recognized need for expanding the services of the Medical Department to include a psychiatric section.

The proposed plan is designed to cover only immediate needs and is structured with a view to approval by the American Board of Neurology and Psychiatry. Such approval would add prestige to the proposed clinic and would be of great value in recruitment of professional personnel.

Mission of the Psychiatric Department

1. To augment the Medical Department by providing a psychiatric service. This would include consultation, educational and psychotherapeutic facilities.

2. To provide psychiatric consultation and educational service to the Agency as a whole.

3. To perform research on subjects of psychiatric and psychological significance to the total program of the Agency.

4. To cooperate with other departments within the agency doing work of a similar nature.

Staff

The staff should be well trained in their respective specialties. It is desirable that all senior staff members be diplomates of the American Board of Neurology and Psychiatry. The list below gives the minimum staff considered capable of carrying out the mission of the Department. The listing of the Social Service Workers may be considered unnecessary in this type of set-up. If, however, psychotherapy is a desirable function of the Department the service of trained Psychiatric Social Workers would be necessary. The salaries offered for professional services should be sufficiently high to compete with civilian institutions. It is proposed that the staff be trained in groups so that a self contained psychiatric unit would be immediately available for service in the field.

The following staff members are needed for efficient training and function:

1. One full time Senior Psychiatrist.
2. One full time Senior Psychologist.
3. Two Junior Psychiatrists, with one to be added for each twenty treatment cases.
4. One Junior Psychologist for each two Junior Psychiatrists.
5. One Psychiatric Social Worker for each two Psychiatrists.
6. One nurse.
7. One Statistician.
8. Secretary to the Senior Psychiatrist.
9. Secretary to the Senior Psychologist.
10. Secretary to each two Junior Psychiatrists.
11. Secretary to each two Junior Psychologists.
12. Laboratory assistant.
13. Clerk.
14. Clerk.

Senior Psychiatrist

1. Responsible for carrying out the Mission of the Department under the direction of the Chief, Medical Staff.
2. Responsible for training and administrative control of the members of his department.
3. He will be guided in matters of psychiatric policy by a Guiding Committee, which is composed of the Senior Psychiatric Consultant, C.M.S. and himself.
4. In all matters of policy dealing with extra-departmental affairs, the Senior Psychiatrist shall not act except with permission of the C.M.S.
5. A chief psychiatrist should have had at least five years' experience in psychiatry including two years in a clinic and experience in clinic administration and community education.
6. He should be a member of the American Board of Neurology and Psychiatry.

Senior Psychologist

1. Responsible to the Senior Psychiatrist in carrying out the Mission of the Department.
2. Direct the activities of the Junior Psychologists in accordance with the policy established by the Guiding Committee.
3. Initiate and carry on research under the direction of the Senior Psychiatrist.
4. Supervise all psychological work in the Department.
5. A chief psychologist should have had two full years of graduate work and five years of experience including additional experience in a clinic with a psychiatrist and a psychiatric social worker.

Junior Psychiatrists

1. Assist Senior Psychiatrist in carrying out Mission of the Department.
2. Work under the direction of the Senior Psychiatrist in accordance with the policy established by the Guiding Committee.
3. All Junior Psychiatrists will be rotated so that each will have an opportunity to share equally in the clinical facilities.
4. Junior Psychiatrists should have had (1) a general internship, (2) at least two years of residency in psychiatry based upon a planned program of education and (3) a year of supervised training in out-patient psychiatry with special emphasis on the neuroses; experience in clinical neurology, neuropathology, psychoanalysis, community education and relevant laboratory procedures related to mental illness are desirable.

Junior Psychologists

1. Assist the Senior Psychologist in carrying out the Mission of the Department.
2. Psychologists should have had a year of graduate study in psychology equivalent to that leading to a master's degree, including abnormal psychology, tests and measurements, statistics, educational psychology, remedial measures for learning disabilities, vocational counseling and supervised out-patient training

of at least one year in a well organized clinic, and one year of subsequent experience in such a clinic. This experience, dealing with both children and adults, should include delinquency, behavior problems, school maladjustments, physical handicaps, mental defect and disease and vocational problems.

Psychiatric Social Workers

1. Responsible to the Senior Psychiatrist in carrying out the Mission of the Department.
2. Direct the activities of the Junior Social Workers in accordance with the directives of the Senior Psychiatrist.
3. A chief psychiatric social worker should have had three years additional professional experience, at least two being in a psychiatric clinic employing a psychiatrist and a psychologist.
4. Junior social workers should be graduates of an approved school of social work with at least 800 hours of supervised field work experience in a psychiatric agency.

Clerical Workers

To be handled in accordance with current directives.

Consultation Services

A staff of civilian consultants should be kept available to assist in problem cases and guide the policy of the clinic along sound scientific lines. These consultants should be secured by the present methods.

Policy Committee

A committee should be formed by the C.M.S. to assist the Senior Psychiatrist in establishing clinic policy and to assist and direct the research program. This committee should consist of the C.M.S., the Senior Psychiatric Consultant, the Senior Psychiatrist and others selected by the C.M.S.. This committee should meet at least once a month regularly or on the call of the Senior Psychiatrist.

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Psychiatric Service

This type of service should include:

1. Screening of new personnel referred by the Medical Department in accordance with present practice. Complete screening of all personnel psychiatrically will not be possible in the early stages of the program.
2. Consultation service to the Medical Department in the case of diagnostic problems.
3. Psychotherapy in cases designated by the Senior Psychiatrist as needing such care. The estimates of the need for this type of service have varied greatly. Therefore, no exact estimate is available to indicate how great will be the need of psychotherapy. A psychiatrist can satisfactorily carry a therapeutic case load of twenty patients.

The justification for treatment is that because of the sensitive nature of certain operations by the operation personnel they should be treated by Agency psychiatrists. The personnel required are designated in the table of organization under the titles Diagnosis and Psychotherapy.

Consultation Service

This consultation service should be handled directly by the Senior Psychiatrist with the aid of his consulting staff. It is designed to provide assistance in personnel problems, personality problems, and in making available to department heads psychiatric information which would be helpful to them in carrying out their missions.

Educational Service

The purpose of this division of the Psychiatric clinic would be to educate personnel in psychiatric concepts valuable to them in carrying out their various missions. This division would make available to all training programs information and instruction suitable to their needs.

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Research Service

This would be a primary function of the division and should be considered under two headings:

- a) Research in the current literature for matters of interest and importance to the work of the agency.
- b) Basic research into pertinent subjects with particular reference to psychiatric and psychological aspects of the selection and assessment of personnel and those aspects of psychiatry of importance in intelligence work.

Support Service

This service will be provided by teams of trained personnel who will be prepared to render psychiatric support as its need is indicated by appropriate authority.

General Policy

Case Policy

Services should be varied and adjusted according to the needs of the case.

Service should be by appointment.

In general one hour should be allowed for each patient per visit.

Therapeutic activities by the non-psychiatric staff should be delegated by the Senior Psychiatrist at his discretion and under his supervision and personal responsibility. The generally accepted functions of the psychologist and psychiatric social worker are carried as their professional responsibility.

Twenty treatment cases averaging one visit a week represent the maximum capacity per psychiatrist.

Recording

The important facts about a patient should be kept in a typed permanent record in a locked file. This should be the combined record of all staff members on the case.

Reports

- a. The content of a report should be adjusted to the purposes of the agency reported to, and in keeping with ethical practice.
- b. In general a report should contain:
 1. A summary of the problem as referred and accompanying data.
 2. Additional and confirming data resulting from clinic work.
 3. A diagnosis in the form of a brief genetic reconstruction of the disorder.
 4. The classification according to standard nomenclature.
 5. Treatment given or required and recommendations and plans.
 6. Prognosis and factors that will influence outcome.

Education

Education should be a part of the clinic function. This may include:

1. General education regulated by policies designed to avoid waste of staff time.
2. Professional education of related persons and departments through work on cases and other means.
3. Training of psychiatrists, psychologists and psychiatric social workers within the clinic itself.